

FOR NSSC USE ONLY:

Fees Paid: _____

Check #: _____



DATE: _____

Member Share#: _____

NORTH SPRINGFIELD SWIM CLUB
Permission slip, medical release and contact card

Child's Name: _____ D.O.B. _____ Age: _____

Father's Name: _____ Mother's Name: _____

Home Address: _____

My child has permission to participate in the NSSC Swim ☐ Dive ☐ Tennis ☐ teams.
I agree not to hold NSSC, it's coaches, and all volunteers liable for any and all injuries sustained as a result of participating in this activity.

I hereby expressly authorize and request the coaches or volunteers to use their best judgment in any emergency or injury to my child requiring paraprofessional medical attention or treatment in the event I am not available or cannot be reached.

Child's Allergies: _____

Child's doctor or practice: _____

Medicine(s) child is currently taking: _____

Medical History: (Asthma, diabetes, etc.) _____

Emergency Contact: _____

(Please circle first priority number:)

Home Telephone: _____ Work Phone: _____

Mobile Phone: _____ Text Messages: Yes / No

Email Address: _____

Alternate Contact Name: _____

Alternate contact phone: _____

INSURANCE INFORMATION:

Insurance Company: _____

Subscriber's Name: _____

Subscriber's Place of Employment: _____

Group #: _____ Policy Number: _____

Parent or Guardian Signature: _____ Date: _____